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DAVID HENRY P.O. BOX 1470 WACO, TEXAS 76703

07/26/2005 HTECKLU2 00000041 10791183

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DAVID HENRY	(Depositor's name)
/David Henry/	(Signature)
07/21/05	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/791,183	03/02//04	WILLIAM NELSON CHATFIELD		CHATFIELD	3179		
TITLE OF INVENTION:							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
NONPROVISIONAL	YES	700		300	1000	7/22/05	
EXAMINER ART UNI		IT	CLASS-SUBCLASS				
				-	_		
1. Change of correspondence	e address or indication of "F	ee Address" (37	2. For prin	iting on the patent front page, l	ist	•	
CFR 1.363). Change of correspondence address (or Change of Correspondence			(1) the names of up to 3 registered patent attorneys 1_DAVID HENRY or agents OR, alternatively,				
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer		• , ,,					
		(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3					
Number is required.			listed, no name will be printed.				
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT	(print or type)			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will app Γa substitute	ear on the patent. If an assig for filing an assignment.	nee is identified below, the	document has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Please check the appropriate	assignee category or category	ories (will not be pr	inted on the p	atent): 🗖 Individual 🗖 🤇	Corporation or other private gi	oup entity 🗖 Government	
4a. The following fee(s) are	enclosed:	. i 4b	. Payment of		····		
Issue Fee A check in the amount of the fee(s) is enclosed.							
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Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				
5. Change in Entity Status	(from status indicated above	e)					
a. Applicant claims S	MALL ENTITY status. See	37 CFR 1.27.	b. Applic	ant is no longer claiming SMA	ALL ENTITY status. See 37 C	CFR 1.27(g)(2).	
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Issublication Fee (if required) words of the United States Pat	ue Fee and Publica will not be accepted ent and Trademark	tion Fee (if ar I from anyone Office.	y) or to re-apply any previous e other than the applicant; a reg	ly paid issue fee to the applica sistered attorney or agent; or t	ation identified above. he assignee or other party in	
Authorized Signature /D	avid Henry/		,	Date <u>07/2</u>	1/05		
Typed or printed name D	David Henry			Registration	n No. 32735		

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